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Bib Data Sheet

CONFIRMATION NO. 6915

SERIAL NUMBER 09/881,441	FILING DATE 06/14/2001 RULE	CLASS 704	GROUP ART UNIT 2654	ATTORNEY DOCKET NO. 476-2037
APPLICANTS Michael Keane, Sligo, IRELAND; Thomas Moran, Galway, IRELAND; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/08/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY IRELAND	SHEETS DRAWING 2	TOTAL CLAIMS 23 INDEPENDENT CLAIMS 8
ADDRESS William M. Lee, Jr. Lee, Mann, Smith, McWilliams Sweeney & Ohlson P.O. Box 2786 Chicago ,IL 60690-2786				
TITLE MEASURING SPEECH QUALITY OVER A COMMUNICATIONS NETWORK				
FILING FEE RECEIVED 1248	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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SERIAL NUMBER 09/881,441	FILING DATE 06/14/2001 RULE	CLASS 704	GROUP ART UNIT 2044 2654	ATTORNEY DOCKET NO. 476-2037
APPLICANTS Michael Keane, Sligo, IRELAND; Thomas Moran, Galway, IRELAND; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/08/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		STATE OR COUNTRY IRELAND	SHEETS DRAWING 2	TOTAL CLAIMS 23
Examiner's Signature <i>U. Paul Hansen</i> Initials <i>UPH</i>		INDEPENDENT CLAIMS 8		
ADDRESS William M. Lee, Jr. Lee, Mann, Smith, McWilliams Sweeney & Ohlson P.O. Box 2786 Chicago, IL 60690-2786				
TITLE Measuring speech quality				
FILING FEE RECEIVED 1164	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	